

## STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

## FLOYD COUNTY

Form Prescribed By  
Indiana State Board of  
Health under Authority  
of IC 31-11-4-4

Book 101  
Page 87  
May 22, 2000  
Date of Application

**IC 31-11-11-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated 5-19-00  
Name of Physician Urgent Care

MALE APPLICANT	
Name	First <u>Troy</u> Middle <u>L.</u> Last <u>Sturgeon</u>
Date of Birth	Month <u>6</u> Day <u>9</u> Year <u>71</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>4405 Hamby Rd.</u> City <u>Georgetown, IN</u> State <u>IN</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages <u>      </u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date <u>      </u>
Date of Birth Verified By:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Indiana Drivers License</u>
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes", has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. <u>n/a</u>	
6. (a) Full name of applicant's father <u>Phillip Evan Sturgeon</u> (If adopted, list adoptive parents only) <u>      </u> Residence of father (if deceased, so state) <u>Kentucky</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Beverly Jean Wyman</u> (If adopted, list adoptive parents only) <u>      </u> Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u>	

FEMALE APPLICANT	
Name	First <u>Dawn</u> Middle <u>M.</u> Last <u>Reynolds</u>
Date of Birth	Month <u>1</u> Day <u>19</u> Year <u>76</u>
Place of Birth (State or foreign country)	<u>Kentucky</u>
Residence Address	Street or R.R. <u>4405 Hamby Rd.</u> City <u>Georgetown, IN</u> State <u>IN</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages <u>      </u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date <u>      </u>
Date of Birth Verified By:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Indiana Drivers License</u>
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes", has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. <u>n/a</u>	
6. (a) Full name of applicant's father <u>James William Reynolds Jr.</u> (If adopted, list adoptive parents only) <u>      </u> Residence of father (if deceased, so state) <u>Kentucky</u> Birthplace of father (State or foreign country) <u>Kentucky</u> (b) Full maiden name of applicant's mother <u>Jeresa Marie Spears</u> (If adopted, list adoptive parents only) <u>      </u> Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u>	

**ACKNOWLEDGEMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Troy L. Sturgeon Date 5-22-00

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

**ACKNOWLEDGEMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Dawn M. Reynolds Date 5-22-00

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of Floyd ) I swear/affirm that the information given in this application is true and correct.

Signed Troy L. Sturgeon  
New Address 1584 MONA VISTA CT New Albany, IN 47050

Subscribed and sworn to before me this 22 day of May 2000  
Eugene Freiburger Clerk of the Floyd Circuit Court

State of Indiana )  
County of Floyd ) I swear/affirm that the information given in this application is true and correct.

Signed Dawn M. Reynolds  
New Address 1584 MONA VISTA CT New Albany, IN 47050

Subscribed and sworn to before me this 22 day of May 2000  
Eugene Freiburger Clerk of the Floyd Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of Floyd )  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_  
Clerk

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of Floyd )  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Floyd County, Indiana, dated May 22, 2000, authorizing the marriage of Troy L. Sturgeon and Dawn M. Reynolds.

I further certify that the following marriage certificate was filed in my office: I, REV. David Rabenecker, OSB (name), certify that on June 10, 2000 (date), at St. Mary's in Harrison County, Indiana (state), and Dawn M. Reynolds of Floyd County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Floyd County, Indiana, dated May 22, 2000. Signed by: David Rabenecker, Chaplain (official designation). Filed and recorded in accordance with the laws of the State of Indiana on June 14, 2000 (date).

Signed Eugene Freiburger Clerk  
Floyd Circuit Court